ALLEN ZWEBEN

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Research

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PREPARATION, PARTICIPATION, AND ADHERENCE: MAKING TREATMENT WORK

OVERALL GOAL

To Further Knowledge and Skill Related to Treatment Compliance with Substance Abusing Patients

WHY IS IT IMPORTANT TO ENGAGE AND MAINTAIN PATIENTS IN TREATMENT?

- **Response to Both Phamacological and Psychosocial Treatment are Dependent Upon Producing an Adherence Effect**

- **Significant Relationships Between Retention and Symptomatic Improvement, Life Functioning, and Client Well-Being**

How Has MI Been Used to Facilitate Entry, Participation and Adherence to Treatment?

Motivational Interviewing Used as an Add-On Combined With Other Treatment

MI Has Been Employed With (a) Various Patients Groups (e.g., Dually Occurring Disorders and Substance Problems) and (b) With Different Kinds of Treatments (Pharmacothrapy, Group Therapy, and Individual Treatment) in Order to Improve Entry, Participation, and Retention

What are the Major Factors Related To Patients Entering, Participating Or Adhering To A Treatment Regime?

INDIVIDUAL FACTORS

- Patients' Misperceptions or Beliefs About the Seriousness of the Presenting Problem
- Past Treatment History

- **Patients' Misperceptions or Beliefs About Their Own Treatment Needs**

- **Patients' Misperceptions or Beliefs About the Change Process**

- **Patients Ambivalence About Change**

- **Reactance to External Pressure**

  Low-Self-Confidence in Handling the Treatment Regime

INTERACTIONAL FACTORS

- **Communication Difficulties Between Practitioner and Patient**
- **Lack of Agreement/Congruence Between Practitioner and Patient**

CONTEXTUAL FACTORS

Social Instability Abusive Family Relationships (e.g., Domestic Violence) Residential Instability Financial Employment, and Legal Difficulties

- **Low Social Support for Change**
- **Other Barriers – Negative**
- **Attitudes Toward Clinical Setting (e.g., Language or Cultural Barriers, No Evening Appointments, Child Care Unavailable, Poor Staff Morale, etc.)**

How Does MI Address Individual Interactional and Contextual Factors Related To Adherence

Phase 1:

TAKE A PROACTIVE STANCE TOWARD ADHERENCE

- **Provide Information About the Proposed Treatment Including Rationale, Number of Sessions, and Roles/ Responsibilities of Practitioner and Patient**

- **Gauge Patient's Potential Receptivity to Treatment. Look for "Early Warning Signs" of Nonadherence such as having a Prior History of Nonattendance.**

- **Discuss the Benefits of Proposed Treatment**
- **Encourage the Patient to Reflect on His or Her Reactions to the Information Exchange**

- **Explore Potential Barriers that Might be Encountered in Participating in Treatment (e.g., Negative Attitudes of Family Members; Any Second Thoughts? Etc.)**

- **Express Optimism for Change**

PHASE 2:

FOR PATIENTS WHO EVIDENCE ADHERENCE PROBLEMS

- **Conduct an Adherence Assessment Interview**
- **Identify and Explore Potential Sources of Nonadherence**

Techniques for Conducting an Adherence Assessment Interview Include the Following

Ask Open-Ended, Collaborative Type Questions

Use Techniques Such as Reflective Listening, Normalizing, Amplifying Doubts, Deploying Discrepancy and Summarizing

Construct Your Own Working Hypothesis related to Factors Associated with Nonadherence

- **Establish a Consensus about Sources of Nonadherence**

- **Ask the Patient to Rank the Various Reasons Related to not Remaining in Treatment**

Summarize the patient's reasons for nonadherence

PHASE 3:

DEVELOP AN ADHERENCE PLAN: ADDRESS INDIVIDUAL INTERACTIONAL, AND CONTEXTUAL FACTORS

- **List/Review “Good” (Advantages) and “Not so Good Things (Consequences) of Nonadherence.**

- **Discuss Various Alternatives to Nonparticipation/Nonadherence**

- **Review “Good” and “Not So Good Things” about the Proposed Options**

- **Ask the Patient about “ Back-Up” Plan if he or she Decides to Stop Treatment and Difficulties Remain or Arise**

- **Delay decision-making While Continuing with the Negotiation Process**

- **State your own Concerns/View about Early Termination**

- **Other Strategies – Referral, Case Management, etc**

What The Data Say About MI As An Adherence Approach

- **Decreasing Ambivalence or Modifying Expectations About the Alcohol Medication Predicted Adherence**

- **Motivational Methods (i.e.., Affirming Reflective Listening, and Deploying Discrepancy) Targeted to Medication Adherence Issues has been Found to be Superior to a Coping Skills Approach in Facilitating Medication Adherence Outcomes**

- **Limitations of the Adherence Studies – Failure to Establish Integrity of Adherence Components, Inability to Account for Therapist Effects, Small Sample Size, etc.**

DIRECTIONS FOR FUTURE RESEARCH

- **Need to Clarify What are the Mechanisms (Active Ingredients”) of Change in Employing Adherence Strategies.**

- **What are the Relative Contributions of Various Components of MI (e.g., Information Sharing) in Enhancing Adherence Rates?**

- **Is there an Incremental Effectiveness to Employing the Full Array of Strategies to Enhance Participation/ Adherence?**

- **How do Different Components Compare with one Another (e.g., Deploying discrepancy vs. Building Self-Efficacy) in Facilitating Adherence?**

- **What Kinds of Treatments (e.g., Cognitive Behavioral Therapy) are Suitable or Unsuitable for Combining with MI to Facilitate the Retention Process**

Which Patient Groups (e.g., Individuals with Serious and Persistent Mental Illness) are Most Likely to Benefit from Incorporating MI into Pharmacological or Psychosocial Treatment?